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CONFIRMATION NO. 7407

SERIAL NUMBER 10/749,046	FILING OR 371(c) DATE 12/29/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. ACS 66147 (1738C)
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** CONTINUING DATA *****

This application is a CON of 09/476,159 12/30/1999 PAT 6,695,813

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 21	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>albert Morelli</i> Initials <i>epn</i>				

ADDRESS

24201

TITLE

Embollic protection devices

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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